

**Political Organization
Notice of Section 527 Status**

OMB No. 1545-1693

Part I General Information

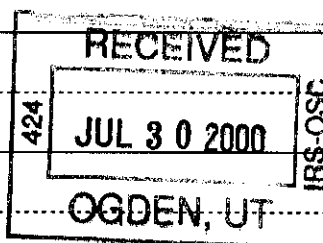
1 Name of organization Dunaskiss for Michigan		38-3547475 Employer identification number Application Pending
2 Mailing address (P.O. Box or number, street, and room or suite number) P.O. Box 433		
City or town, state, and ZIP code Lake Orion, MI 48361		
3 E-mail address of organization dunaskissformichigan@yahoo.com		
4a Name of custodian of records Joelle Demand	4b Custodian's address P.O. Box 18004 Lansing, MI 48901	
5a Name of contact person Joelle Demand	5b Contact person's address P.O. Box 18004 Lansing MI 48901	
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number City or town, state, and ZIP code		

Part II Purpose

7 Describe the purpose of the organization
**State Independent Political Committee
pursuant to Michigan Campaign Finance
Law.**

Part III List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address
n/a		



9a Name

9b Title

9c Address

Signature of authorized official

Signature of authorized official _____

7/25/00
Date

Date: _____

**Sign
Here**

